

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**Administrative Issuance: CFSA-07-03**

To: All CFSA Staff

From: Ronnie Charles, Deputy Director for Administration

Date: January 31, 2007

Re: Traffic Record Checks

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This administrative issuance is applicable to all CFSA employees who are required to drive a motor vehicle to transport children or youth in the course of performing his or her official CFSA duties. It also serves to inform all CFSA employees that they will be subject to traffic records checks in accordance with Title II of D.C. law 15-353, the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005.

If you have any questions about this administrative issuance, please contact the Facilities Management Administration (FMA) at 202-727-7552 or Human Resources at (202) 724-7407.

**Procedures for Traffic Record Checks**

1. No employee shall operate a motor vehicle to perform official CFSA business until a Traffic Record check has been completed.
2. Prior to extending an offer of employment to any person whose primary duties and responsibilities will involve operating a motor vehicle, the prospective employee shall be required to complete the *CFSA Confidential Request for Motor Vehicle Records Form* and submit the form at employee orientation.
3. All current CFSA employees, who operate a motor vehicle as part of their job duties, are required to complete the *CFSA Confidential Request for Motor Vehicle Records Form* to authorize the CFSA to request the employee's motor vehicle record from the Department of Motor Vehicles (DMV) that issued his or her driver's license.
4. All completed *Confidential Request for Motor Vehicle Records* forms are to be forwarded to the HRA.
5. Current CFSA employees, who transfer to positions that have driving requirements, must complete the *CFSA Confidential Request for Motor Vehicle Records Form* prior to operating a motor vehicle to perform official CFSA business.

6. The Traffic Record Check will consist of an employee's driving record during the past five (5) years, from the District of Columbia, Maryland, and Virginia, as well as any other state that issued the employee's driver's license during that timeframe.
7. All CFSA employees who operate a vehicle related to their job responsibilities must self report to the HRA all incidents related to the violations of motor vehicle traffic laws or ordinances within five (5) days of the violation (*See Record of Motor Vehicle Violations Self-Reporting Form*). Employees who fail to report violations of motor vehicle traffic laws or ordinances shall be subject to administrative action.
8. If an employee is using a government vehicle and the CFSA is informed of two (2) or more traffic violations within a 90 day period, the CFSA will immediately request a copy of the employee's driving record.
9. Any Traffic Record Checks that contain a motor vehicle violation will be sent to the Facilities Management Administration, Office of Risk management and the Office of Human Resources for further evaluation.
10. CFSA shall conduct annual reviews of Traffic Record Checks for all employees who are required to drive a motor vehicle to transport children or youth in the course of performing his or her official CFSA duties.

#### **Standards for Granting CFSA Driving Privileges**

1. The minimum standards for determining whether a person may be granted driving privileges are as follows:
  - a. Valid state driver's license;
  - b. No more than two (2) moving violations or at-fault accidents within the past year;
  - c. No Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) convictions within the past five (5) years;
  - d. No driving under revocation (suspension);
  - e. No hit-and-run convictions; and
  - f. No felony convictions involving a vehicle.
2. Each year, one (1) moving violation or at-fault accident may be offset with a CFSA-approved defensive driving course. The course must be taken during non-working hours and all related costs shall be paid by the employee.
3. Any employee who does not meet the above criteria may:
  - a. Receive written notification from the Office of Human Resources;
  - b. Be temporarily restricted from employment-related driving until further evaluation; and may:
    - i. Be reassigned to an available non-driving position for which the employee is qualified if current duties cannot be performed without driving responsibility; or
    - ii. Be subject to disciplinary action, up to and including termination, if no such position is available.



All CFSA employees who operate a government or personal vehicle related to their job duties must complete both sections of this form. By completing Section B, you are authorizing CFSA to request your motor vehicle record from the applicable government agency.

<b>Section A</b>	To be completed by an employee who operates a government or personal vehicle as part of his or her job duties.
<p>Employee Name: _____</p> <div style="display: flex; justify-content: space-around; margin-top: -10px;"> <span>(Last)</span> <span>(First)</span> <span>(Middle)</span> </div>	

<b>Section B</b>	Please complete this section if you operate a government or personal vehicle as part of your job duties.
Driver's License No.: _____	
Please circle jurisdiction issuing license:    DC    MD    VA    Other _____	
Date of Birth: _____ or _____	
My signature below authorizes the Department of Motor Vehicles to forward a copy of my motor vehicle record for the past twelve months to the District of Columbia Child and Family Services Agency at 400 6 <sup>th</sup> Street SW, Room 1041 Washington, DC 20024. For additional information, please contact Brent Adams at (202) 727-7557.	
_____ (Employee Signature)	_____ (Date)

(Administrator, Facilities Management Administration or designee)

(Date)

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**Record of Motor Vehicle Violations Self-Reporting**

Any CFSA employee who operates a government or personal vehicle related to his or her job duties must report any motor vehicle violation within five (5) days following the incident. Complete this form and submit it to your supervisor.

<b>Section A</b>	To be completed by employees who operate a government or personal vehicle as part of their job duties.
<div>Employee Name: _____</div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;">(Last) (First) (Middle)</div>	

<b>Section B</b>	Please complete this section following any motor vehicle violation (not including parking violations) if you operate a government or personal vehicle as part of your job duties. Submit the completed form to your supervisor within five (5) days of the violation.
<div><input type="checkbox"/> I certify the following motor vehicle violation (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past five (5) days.</div> <div>Date of Conviction: _____</div> <div>Offense: _____</div> <div>Location: _____</div> <div>Type of Vehicle Operated: _____</div>	

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Review By/Supervisor's Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)